

Stilecroft (MPS) Limited

Stilecroft Residential Home

Inspection report

51 Stainburn Road
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Tel: 01900603776

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Stilecroft Residential Home provides accommodation and personal care for up to 44 people who had a range of support needs related to old age, those with complex healthcare needs and people living with dementia. At the time of the inspection there were 38 people living in the home.

People's experience of using this service:

At the last inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not always meet people's needs as there were insufficient staff; hazards in the environment were not sufficiently identified; and the service did not have effective quality assurance systems in place. We found this was because the service was not being well-led or properly managed. We rated well-led as inadequate and the other key questions as requires improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led to at least good.

At this inspection, March 2019, we found the breaches had been met and shortfalls had mostly been rectified. We found improvements had been made to the quality of the service and running of the home. A new manager had been in post for three months and along with the provider had driven up the quality of the service. Staff in the home had worked hard to bring about these improvements.

There was a strengthened senior leadership team in place and this along with improved quality assurance systems meant people now received good quality care. People were happier with how the home was being run. One person told us, "The new manager is lovely, really lovely, she comes in and sits down and talks to you sometimes, not just about the home but about everything and that's really nice."

People's needs were now being better managed. This was due to more thorough assessments of people's needs; care plans that were up to date; and more staff on duty who were deployed and managed to respond to people's needs.

Care was person-centred, based around each individual's personal care and health needs and met people's social needs and interests. Care planning had improved with particular attention paid to including instructions from healthcare professionals.

We had made a recommendation at the last two inspections that the service seeks expert advice from a reputable source in developing a dementia care strategy for the home, that would encompass staff training, approach, the environment and activities. This had not been done. The new manager and provider made a commitment to doing this and sent us evidence of what action had been completed shortly after the inspection.

Staff knew how to keep people safe and this included having a good knowledge of safeguarding people

from abuse. Risks to people were now well managed, with a particular focus on reducing people's risk of falls and ensuring the environment was safe, especially for people living with dementia.

People's rights were respected and protected because the service had a good understanding of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent and capacity to make decisions was understood and managed in line with the MCA.

People were treated with dignity and compassion. They told us the staff team knew them well, took a genuine interest and were kind and caring. People looked well-groomed and well cared for and staff displayed warm and positive relationships with people in the home.

There was an improved choice of meals and people said the food was very good and they liked that they had homemade cakes and puddings. Mealtimes had been restructured so that support was provided with food and drink when this was needed. People's nutritional support needs were managed with support sought from external health specialist.

Good working relationships had been developed with health and social care professionals that meant people were supported to stay well and any health issues were quickly addressed.

People's medicines were being better managed with a focus on staff training and competency.

The home was comfortable, clean and odour free. Since the last inspection a number of improvements had taken place. These included the improved use of technology which had benefited people in the home and the staff team.

Rating at last inspection: Requires improvement (9 August 2018).

Why we inspected: We inspected the service as part of our inspection schedule methodology for services rated requires improvement and to check the provider had made the improvements they told us they would, following our last inspection.

Follow up: We will monitor the service as part of the re-inspection programme for a Good service. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement 

Stilecroft Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two adult social care inspectors and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of caring for an older relative living with dementia.

Service and service type: Stilecroft Residential home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager who had applied to be registered with the Care Quality Commission. This means when they are registered, both they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection and completed our planning tool. This included the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We checked the action plan the provider sent to us to address the shortfalls identified after the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection, we spoke with 21 people who used the service and six relatives to ask about their experience of the care provided. We also spent time observing how people spent their time and how staff

interacted with them.

We spoke with seven members of care staff, the manager, operations manager, the shift supervisor, activity coordinator, cook, domestics and maintenance staff. We reviewed a range of records that included; five people's care records and medication records; six staff files; and records related to the management of the home. In addition, we spoke with four visiting healthcare professionals during the inspection.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live. We asked the manager and operations manager to forward the service development plan to show the improvement to the building and in developing a dementia strategy so that we could monitor progress. This was sent into us shortly after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 9 August 2018 we asked the provider to take action to make improvements to staffing levels, the management of medicines and to reduce risks in the home. These actions had been completed. Therefore, the rating for this key question has improved to good.

Staffing and recruitment

- Staffing levels had increased and were sufficient to meet people's needs.
- Staff responded to people in a timely manner and had time to spend not only carrying out care tasks but also to sit and talk to people.
- People and their relatives told us there were always enough staff on duty. One person told us, "There is definitely more staff and if I push my buzzer they do come." And a relative told us, "Well it is better. The new manager is trying her best and we see a lot of her. There's more staff now and always staff to supervise in the lounge, so that's good."
- The staffing rotas showed there were now seven care staff on a day shift instead of the previous five. Staff also commented on the increase in numbers being beneficial to people in the home.
- Safe staff recruitment practices ensured staff were suitable to work with vulnerable people. There was also a three-month probationary period to further check they were suitable for the role.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people were being better assessed and were now safely managed. There were detailed, up to date records and audits that showed how risks were assessed and checked. These included environmental risks and we saw that hazardous substances were now safely locked away. Staff demonstrated a good awareness of how to treat and store hazardous substances and had received training to do this.
- People's individual risks associated with managing health needs were also being better managed. For example, staff were given clear guidance on the prevention of risks of people falling that was based on good practice guidelines such as National Institute for Care Excellence.
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment to support people with complex healthcare needs, such as hoists and profiling beds.
- Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans in the event of a fire.
- Staff were trained to follow good infection control practices, used personal protective equipment and followed cleaning schedules to help prevent the spread of healthcare associated infections.
- The home had been awarded the highest rating of five stars from environmental health for food safety standards in the home.
- The home looked better maintained and there had been on-going work to the home since the last

inspection, such as numerous bedrooms being redecorated. However, we saw areas still in need of refurbishment or renewal, such as chipped and worn shower chairs and worn hallway carpets that were tapped over to temporarily make them safe. We asked the registered manager and operations manager to forward the development plan for improvement to the building so that we could monitor progress. This was sent into us shortly after the inspection.

Using medicines safely

- Staff managed medicines consistently and safely. The home had improved the systems in place to support the safe administration of medicines through training and more regular checks of staff competency.
- People told us they were happy with how the home managed their medicines and some people were supported to manage their own medicines.
- A new pharmacy supplier was being used and the manager said they were working through some teething problems. We discussed these with the manager and provider who immediately took action, which included ordering two additional lockable storage trolleys.
- Staff followed the procedures for recording 'as and when' medicines. We discussed with the manager about adding in more detail of what to do when these 'as and when' medicines were not effective, in particular when used to calm people who became agitated. She agreed to review all those people who received medicines in this way and to add in more detail for steps to take.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems, policies and procedures to manage safeguarding concerns promptly, using local safeguarding procedures
- People told us they felt safe and were comfortable with the staff who supported them. One person told us, "I feel I can trust the staff and they have my best interests at heart." Another person said, "I feel happy to speak to any of the staff and I know things will be sorted out if I have any problems."
- Relatives were confident staff would act to keep people safe. One told us, "We've no worries at all. I've never witnessed anything of concern."
- Staff were aware of their responsibilities in protecting people from harm or abuse. They had received regular training and guidance about making safeguarding referrals.

Learning lessons when things go wrong

- The manager and provider had systems to monitor risk and to identify patterns so that action was taken to reduce further risks.
- Falls, medicines errors, accidents and incidents were recorded and analysed to identify trends and patterns and ways of reducing risks. A new digital care planning system had been introduced so the manager and the providers head office staff could analyse staff response times, trends and any correlation with falls or other incidents. This meant actions and preventive measures could be put in place quickly and lessons learnt to reduce further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection August 2018 the dining experience and management of people's dietary needs had been inconsistent and we also made a recommendation about improving the care for people living with dementia. We asked the provider to act to make improvements in these areas. We found people were now receiving good dietary support and the service had started to make improvements to the care given to people living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- People could exercise genuine choice and had access to sufficient food and drink throughout the day. Meal times were set to suit people's individual needs, were not rushed and were supported by enough members of staff to provide personal support.
- People told us they were satisfied with the quality of the food provided and especially liked the home baked cakes and puddings.
- People who were at risk of poor nutrition were supported to maintain their nutritional needs. Staff monitored people's weight and made referrals to relevant healthcare professionals, such as dieticians and speech and language therapists for advice and guidance.
- The cook had training in providing good nutrition to older people and knew how to fortify foods for people who had lost weight. They were knowledgeable of specialist dietary needs, such as food suitable for people with diabetes.

Assessing people's needs and choices; delivering care in line with guidance standards and the law; Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Staff assessed and regularly reviewed people's needs using recognised good practice tools needs to ensure they were being met effectively. For example, nutritional assessments and tools to measure the risks of developing pressures sores.
- Since the last inspection the provider had set up a new system to alert staff to changes in peoples' needs. This meant advice given by external healthcare professionals was written up and actioned by staff.
- People received timely support to access healthcare services and professionals when they needed help. Information was shared with other agencies if people needed to access other services such as hospitals. The use of 'hospital passports' with key information helped to ensure people's care and support needs were met and the support given was consistent.
- One visiting professional told us, "Staff are knowledgeable and skilled to know when they need our advice. They are good at following our instructions."

Staff support: induction, training, skills and experience

- The staff team were well supported and had the skills and knowledge to meet people's needs.
- The service had a programme of training and on-going staff supervision which ensured staff had up to date guidance and information for their roles. A recent turn-over of staff meant that some training needed to be up dated, for example in lead roles for infection control and to boost the number of fire wardens.
- Since the last inspection the service had developed a more formal approach to the supervision of staff which was more comprehensive in identifying staff development needs.
- People told us staff were well trained in meeting their needs. One person told us, "They are well trained and know what they are doing. They help to move me using a hoist and they do this at my pace and I feel safe."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service complied with the MCA. Staff made sure that people were involved in decisions about their care so that their human and legal rights are upheld. People's consent was gained before carrying out care tasks and permission was recorded in people's files.
- Where people's capacity to make decisions was compromised, for example by a health condition, such as people living with dementia, the service followed the MCA to ensure their rights were prompted and protected.
- Some people had restrictions placed on them to keep them safe, such as the use of bed rails, monitoring movement by sensor mats to prevent falls and digital keypads on some doors. The service checked these restrictions and considered them as part of a best interest process as set out by the MCA.
- Staff made appropriate referrals to the local DoLS supervisory body. The new manager had set up a system for monitoring DoLS applications so she could track the progress and if necessary chase these up.

Adapting service, design, decoration to meet people's needs

- One area of the home specialised in providing care to people living with dementia. The environment had been adapted to help people navigate the building, such as door signage, appropriate plain floor coverings and eye-catching wall decorations. There was easy access to a secure garden area.
- However, staff in this unit who were supporting people living with dementia had only basic dementia awareness training. The home had limited dementia friendly activities and adaptations in the rest of the home where a significant number of people were also living with dementia.
- The care, however, was now much more person-centred and the environment had some adaptations to support people living with dementia. The manager and provider sent us evidence shortly after the inspection to show how the service had made contact with training organisations and researched good practice in this field. We will check this on the next inspection.
- Technology and equipment was used effectively to meet people's care and support needs. Sensor alarms helped to keep people safe and a care planning system was linked to the service's IT system to allow for

better monitoring of people's needs. WIFI was available to people in the home and we saw how some people had been supported to use the internet and technology to further their interests and hobbies.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection, 9 August 2018, we found that insufficient staffing levels meant that people were not having their care needs met in a timely manner. This had led to undignified care and treatment. On this latest inspection we found staffing levels had increased and people were now treated with dignity and respect. Therefore, the rating for this key question has improved to good.

Respecting and promoting people's privacy, dignity and independence

- People were supported and treated with dignity and respect, and were involved as partners in their care.
- Care tasks were carried out by staff in an unhurried manner and people were not rushed or left without their needs being unattended to.
- People told us staff were good at promoting their dignity and encouraging their independence. One staff member told us about how they promoted people's dignity. They told us, "We always like people to look their best. Everyone has their own style and we make sure they have nice clothes and hair do's."
- People told us they were sensitively encouraged to do things for themselves and this helped to boost their confidence and self-esteem. One person told us, "They [staff] keep an eye out for me. I like to do my own thing and they know that. It's important to me but they always check up on me and have time for a sit down and a chat."
- Staff had recorded detailed information about how to maintain people's independence and dignity in their care plans. We saw reference to how one person liked a bath, and how deep the water should be and how hot they liked it, with details of what the person could do for themselves. This person told us how much they enjoyed having a bath.
- The service was aware of how to handle confidential information. This was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; equality and diversity

- Staff engaged with people in caring and supportive ways and showed genuine concern for people. They were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- There was lots of conversation and laughter with people in the home and staff were good at including quieter people. Staff used their knowledge about people to strike up conversations and to show interest in people.
- People felt well cared for and told us staff were very caring, kind and considerate. One person said, "We do chat a lot with the staff. Not just about the home but things outside that's happening in the big world out there. They [staff] take an interest in your welfare."
- Staff had received training in equality and diversity and on person-centred care. This was reflected in how they supported and treated people. We saw staff supporting people who became upset or disorientated.

Staff used touch in a therapeutic way to calm people and to demonstrate warmth, by a touch on the arm, holding a hand or an arm round the shoulder.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's support and communication needs. They could talk about people's preferences, routines and how best to communicate with them.
- People told us they were made to feel comfortable about speaking up and saying how they wished to be cared for. They were fully involved in the reviews of their care plans.
- There was good guidance in care plans and staff also had one page profiles that helped them to follow the routines that were important to people.
- The manager told us people had been supported to have the services of an advocate, especially where there was no family involvement.
- People were given information in different formats particular to their needs, such as large print menus. A variety of leaflets and posters were displayed around the home about how to report complaints or safeguarding concerns or how to gain advocacy services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the last inspection, August 2018, we found people were not provided with care that met their individual support needs and preferences. This included being offered opportunities to take part in activities or go out of the home. We asked the provider to take action to make improvements and this has now been carried out. Therefore, the rating for this key question has improved to good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was now focused on the person's whole life, including healthcare needs and how the service met people's social needs.
- At the last inspection we made a recommendation about improving care planning to ensure that people's full needs were captured. On this inspection we found care planning had improved significantly. The new manager had begun to review all the care plans. Those plans that had been reviewed were up-to-date and focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. This new system ensured that any change in a person's health need was highlighted and action taken.
- A new digital care planning system was due to go live the day after the inspection. The provider told us that this would significantly improve recording to ensure plans were always up to date. Staff had received training to use the system and we told this would allow them to spend more quality time with people.
- Healthcare professionals told us the home had improved record keeping and these now accurately reflected people's needs and recorded their advice.
- People received well organised care and support that was person-centred and responsive to their needs. People's routines were flexible and people made choices to have a lie-in or to eat their meals where they chose. One person said, "We do as we please here. You can join in things if you want or you can choose to stay in your room, and for meals too. I do that sometimes for a change."
- People were supported to participate in a variety of activities which included opportunities to access the community. The provider had a mini-bus that was shared with their other nearby care home to take people out on a regular basis. Activities included musical entertainment, reminiscence sessions and pamper sessions. People told us they really looked forward to the professional entertainers that came into the home every week.
- Relatives and friends were encouraged to visit and play an active role in the home. We saw some came in as entertainers for singing and to play the accordion, while others brought in their dogs to the delight of people in the home.

Improving care quality in response to complaints or concerns

- Complaints were well managed and were taken seriously. They were explored thoroughly and responded to in good time in an open and transparent way, with no repercussions.
- People and relatives knew how to make complaints should they need to. They told us they believed they

would be listened to and complaints acted upon in an open and transparent way. One person said, "The new manager comes into see me everyday and sorts anything out. The staff are the same they always get things sorted. I don't have any complaint at all."

- The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure in the service's brochure.
- The manager kept a record of complaints and the most recent ones had been investigated and resolved appropriately.

End of life care and support

- People were supported to make decisions about their preferences for end of life care and staff empowered people and relatives in developing care and treatment plans.
- The service worked closely with healthcare professionals and could access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff had received training in this area and an update had been organised for later in the month. The new manager spoke of developing a specific end of life care plan to make it easier for staff to see these support needs in a person's file.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection there were shortfalls in the governance systems to monitor and improve the quality and safety of the service. We found that the provider needed to improve communication and the ways in which people and staff could have a say in the running of the service. On this inspection we found they had addressed these areas. However, we found that they had not implemented a dementia care strategy that had been a recommendation at two previous inspections.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were now receiving safe care and treatment that met their needs. We found numerous improvements to the running of the service. One of the most significant changes had been to appoint a manager who had been in post for three months. They had begun the process of becoming registered with us. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.
- While we acknowledged the improvements and hard work of the staff team we felt that the recent improvements required time to imbed into practice and to demonstrate that these will continue.
- People told us the service was now being better led and managed. Everyone we spoke with said the new manager led by example and had made the home more professional in how it was run. Relatives we spoke with were also very complementary on the improvements to the service. One person told us, "It's really good, my husband thinks so too we are very happy with the new manager." A relative told us, "There's been some really good improvements and they do seem to listen now."
- We had made a recommendation on two previous inspections that the service seeks expert advice from a reputable source in developing a dementia care strategy for the home. This should encompass staff training, approach, the environment and activities. The provider had not used this to demonstrate continuous learning and this remains outstanding.
- The manager and staff used the systems of the organisation to monitor the quality of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. The provider had a development plan with a timescale for actions to monitor improvements.
- We looked at incidents, accidents, falls and emergency hospital admissions. We found that the home was correctly recording and reporting these to the relevant authorities. The home was now notifying us, CQC, of events they are required by law to do so. We had previously written to them to ensure these were being correctly sent in.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The vision and values of the service were to ensure people received safe, compassionate care in a homely environment. Staff demonstrated this ethos, understood their responsibilities and felt they were listened to and valued.
- Staff commented on the number of changes to systems used by the home but on the whole felt that once they had got used to them this would improve the service delivered to people. They reported an improved atmosphere and team work in the home.
- Staff were being actively supported to improve and develop their practice. We saw how staffing, training and supervision had been given priority to ensure these were up to date and were relevant to their job role. There were much clearer lines of staff delegation and responsibility.
- The management team positively encouraged feedback and acted on it to continuously improve the service. For example, by involving people in reviewing concerns or incidents to prevent the risk of them happening again.
- The manager and staff understood the importance of escalating change in people's health and social needs and working with other professionals.
- There were policies and procedures to provide guidance around the duty of candour responsibility if something was to go wrong and who was to be informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and staff felt able to share ideas or concerns with the management. Surveys were given to people who used the service and their family members on an annual basis. The results of these surveys were analysed by the provider and action plans develop in response.
- The management team demonstrated a commitment to provide person-centred care by engaging with everyone using the service and stakeholders. There were residents meetings and regular staff meetings to ensure people had a say in the running of the home.
- The provider worked professionally with external agencies such as social services and the health authority. Care records included the involvement of GPs, social and healthcare professionals and advocates for people they supported.